

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000047086

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** WOMEN'S HEALTH ASSOCIATES, P.A.

**Current Principal Place of Business:**

4600 SW 46TH COURT  
SUITE 150  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

4600 SW 46TH COURT  
SUITE 150  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 59-3576480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEROY, MICHAEL  
910 NORTH FERNCREEK AVENUE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

KARVE, PRITI  
4600 SW 46TH CT.  
150  
OCALA, FL 34474 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PRITI KARVE

02/03/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPVS  
Name: POORTI, RILEY  
Address: 4600 SW 46TH COURT, SUITE 150  
City-St-Zip: Ocala, FL 34474

Title: T  
Name: KARVE, PRITI  
Address: 4600 SW 46TH COURT  
City-St-Zip: Ocala, FL 34474

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PRITI KARVE

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02/03/2010

Electronic Signature of Signing Officer or Director

Date